



Lopez Larossa, S., González-Seijas, R., & Carpenter, J. S. W. (2017). Adapting the Unique Minds Program: exploring the feasibility of a multiple family intervention for children with learning disabilities in the context of Spain. *Family Process*, 56(2), 423-435.
<https://doi.org/10.1111/famp.12215>

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Early view:

López-Larrosa, S., González-Seijas, R. M. and Carpenter, J. S. W. (2016), Adapting the Unique Minds Program: Exploring the Feasibility of a Multiple Family Intervention for Children with Learning Disabilities in the Context of Spain. *Family Process*.
doi: 10.1111/famp.12215

Abstract

The Unique Minds Program (Stern, 1999) addresses the socio-emotional needs of children with learning disabilities (LD) and their families. Children and their parents work together in a multiple family group to learn more about LD and themselves as people with the capacity to solve problems in a collaborative way, including problems in family-school relationships. This paper reports the cultural adaptation of the program for use in Spain and findings from a feasibility study involving three multiple family groups and a total of 15 children and 15 mothers, using a pre-post design. This Spanish adaptation of the program is called “Mentes Únicas”. Standardized outcome measures indicated an overall statistically significant decrease in children’s self-rated maladjustment and relationship difficulties by the end of the program. Improvements were endorsed by most mothers, although they were not always recognized by the children’s teachers. The program had a high level of acceptability: mothers and children felt safe, understood and helped throughout the sessions. The efficacy of the adapted intervention for the context of Spain remains to be tested in a more rigorous study.

The adaptation of therapeutic interventions for use with families in different countries and with diverse cultures is an important task for clinicians and researchers (Parra-Cardona et al., 2012; McLeigh & Katz, 2015). Cultural adaptation is the modification of an intervention to make it compatible with a client population's culture, meanings and values (Bernal, Jiménez-Chafey & Doménech-Rodríguez, 2009) and implies changes to the content of the intervention and to delivery of the service (Doménech-Rodríguez, Baumann & Schwartz, 2011) with two main goals: achieving treatment efficacy and cultural relevance (Sigmarsdóttir & Guðmundsdóttir, 2013; Sigmarsdóttir, Thorlacius, Guðmundsdóttir, & Degarmo, 2015).

This paper describes the cultural adaptation of Unique Minds, a multiple family intervention developed in the United States by Stern (1999) and presents the findings of a feasibility study with three multiple family groups of Spanish children and their mothers.

Description of Unique Minds

Unique Minds addresses the socio-emotional difficulties of children with learning disabilities (LD) and their families' needs. Children with LD have skill deficits in one or more areas that are not commensurate with their potential, even though there has been adequate opportunity to learn. For example they may not listen, speak, read, write or develop mathematical skills that correspond to their intellectual abilities (Lyon et al, 2001). Although their IQ is typically in the normal range their problems with cognitive processes lead to difficulties that affect teaching and school-based learning. Socio-emotional capabilities including self-knowledge, emotional regulation and social and problem-solving skills are frequently affected (Ohl, Fox & Mitchell, 2013).

The academic failures of children with LD are often carried over into their home lives. Research has found that parents feel stressed (Stern, 2002), overloaded by academic work, guilty, and blamed for their children's poor results (Christenson & Hirsch, 1998). If there are child behavior problems, the level of family conflict is higher and family cohesion is lower than in comparison groups (Montiel-Nava, Montiel-Barbero, & Peña, 2005). Consequently, there is a growing recognition that when a child has problems, the needs and stresses of the entire family should be addressed and not just the individual child's behavior (Kratochwill et al, 2004).

The Unique Minds program addresses children's difficulties together with their families'. It is structured, active, focused and explicit, as recommended by Payton and colleagues (2008) in their review of effective social and emotional intervention programs for children. In Unique Minds a climate of reciprocal support is created. The program emphasizes that it is important to relate to others and to participate in order to promote responsibility, security and support (Zins et al, 2004). Parents become advocates for their children because their support is an important ingredient for success (Rogers, Theule, Ryan & Keating, 2009). At the same time, learning disabilities are contextualized so that they do not occupy the entirety of family life.

Although Unique Minds is a psycho-educational program, its therapeutic foundations are solution-focused brief family therapy (SFBT) (De Shazer et al., 1986), the strategic model (Rohrbaugh & Shoham, 2001) and narrative therapy (White & Epston, 1990). SFBT gives to Unique Minds a structural framework of brevity and the philosophy that people and their family systems have the capacity to change. SFBT's concern with language is present in the program, for instance, instead of 'disabilities' the term 'difficulties' is used. Also apparent is SFBT's search for exceptions to problem behavior. The strategic therapy perspective is evident when the program explains vicious cycles or ironic processes that maintain difficulties and affect relationships. Finally, narrative therapy contributes the technique of externalization and underpins

tools such as written materials that introduce new perspectives and meanings to create a new story of capability to replace the ‘old’ story of disability.

Despite the popularity of the program, a search of the literature found few published evaluations of Unique Minds as used with children and parents. So (2000) reported an adaptation using a focus group method designed to change Chinese parents’ attitudes towards their children with LD and claimed positive results. Unique Minds was also evaluated in Chile with a sample of six children and their families, using a pre-post design (Capurro, Sotz & Arratia-Silva, 2011). There were statistically significant improvements in mean ratings of self-esteem, depressive symptoms and family functioning. The parents had a better understanding of LD, had increased their coping skills and family-school collaborations had improved post-test. The program was translated into Chilean Spanish but little information on its adaptation was given. When the current study was planned in 2006, the present authors were unaware of other Spanish speaking groups adapting Unique Minds.

Aims

The aims of the current project were to adapt the Unique Minds program for use in Spain and to carry out a feasibility study with a group of families and children. The feasibility study aimed to evaluate the program’s impact on the socio-emotional adjustment and behavior of children with LD, from their own perspectives and those of their parents and teachers, and to assess its effects on family climate and parental socio-emotional functioning. It also aimed to assess the acceptability of the program to the children and their mothers. It was anticipated that the findings could subsequently be used to fine tune the adapted program for use in a controlled experimental study of its effectiveness.

Method

Participants

The participants in the feasibility study included 15 children with LD (nine girls and six boys) and 15 mothers. All children had been diagnosed as having LD by the schools’ psychologists or an external professional. They had no other associated difficulties or pathologies. Children were between 9 to 12 years ($M = 10.33$, $SD = 0.97$) while mothers’ ages ranged from 30 to 49 ($M = 40.64$, $SD = 5.15$). Nine children were in 4th grade, four were in 5th grade and two were in 6th grade. The highest level of mothers’ education was high school ($n = 12$). The three remaining mothers had attended primary school only. Eleven mothers were working outside as well as inside the home. Mothers and children were all members of the majority ethnic group in Spain.

Children were recruited from two mainstream schools in a northwestern province of Spain, one urban and the other rural. Three consecutive multiple family groups were undertaken. The first group included six children and their mothers, the second, five children and five mothers, and the third had four children and four mothers. Children from 4th, 5th and 6th grade were mixed together in each group. The children’s teachers did not attend the sessions because Unique Minds is designed as a multiple family program and it is not intended for teachers. Nevertheless, the children’s teachers agreed to complete the evaluation questionnaires.

Materials

Cultural adaptation of the Unique Minds program.

The first step in exploring the feasibility of the Unique Minds program to Spain was to begin a process of cultural adaptation. Bernal et al. (2009) advise that cultural adaptations be considered in relation to language, including the use of metaphors, to concepts, to the methods, content and mode of delivery, and to the relationship between

families and therapists (group facilitators in this case). Domenech-Rodríguez et al (2011), who present a model of application of Bernal's model, describe the cultural adaptation of a program for a minority ethnic Latino population in the USA, and proposed eight areas: language, persons, metaphors, content, concept, goals, methods and context. Our presentation focuses on language, metaphors and concepts, content, methods, mode of delivery, context and the relationship between families and therapists. We called the Spanish adaptation "Mentes Únicas" (Authors, 2007).

Language, metaphors and concepts. The language in which a program is presented to families must be clear, understandable and culturally appropriate. The initial translation was undertaken by the first author, a qualified educational psychologist and native Spanish speaker with accredited proficiency in English and clinical and research experience in Spain and English-speaking countries. The translation was reviewed by the second author, also a qualified educational psychologist and native Spanish speaker.

Because parents and children attend the program together, considerable effort was made to ensure that the language was appropriate and accessible for both, being neither too childish for parents nor too complicated for children. The initial translation process took over a year. It was further refined during the piloting phase using feedback from the families who were encouraged to ask for clarification, and comments from observers (clinicians and graduate students) who looked for evidence of difficulties in understanding. During this process, the group facilitators employed several synonyms for key words as well as pictures to support comprehension.

In the translation process, the names of the main characters were changed through discussion between the first and second authors. Thus, *Can'tasaurus* became *Nopuedosaurio* (literally, Dinosaur "No can do"), and *Zapper* became a wasp called *Avispa Mecrispa* (literally, Wasp "Gets on my nerves"). *Nopuedosaurio* and *Mecrispa* are both characters to be defeated. New characters to be followed were a shrew called *Musaraña Muchacaña* ("Crank it up"), an owl called *Búho Sabio* ("Wise Owl") and a squirrel called *Ardilla Rapidilla* ("Quick Squirrel"), all with problem-solving skill development in mind.

"*Muchacaña*" (the Shrew) was identified as a leading character. This derives from a common metaphor in Spanish and does not carry the negative English meaning of a 'quarrelsome woman'. When someone is not paying attention, there is a Spanish saying (*dicho*): "you are thinking in *musarañas*" ("*estás pensando en las musarañas*"). Children with LD are often perceived this way by others. So, we included a *musaraña* to stimulate critical discussion of this stereotype. *Muchacaña* defends itself from negative stereotypes with facts. It invites parents and children to think differently about themselves and about the other children in the group. *Muchacaña* leads the activities, gives examples, challenges and provides explanations. These additions were based on the second author's experience in developing programs for children. We were inspired by other programs for children that use leading characters (Pedro-Carroll & Alpert-Gillis, 2010).

In the first session, parents are encouraged to identify a family and personal motto ("*lema*"). These mottos were written down and posted on the walls. An example was: "*Nunca digas no puedo*" (Never say "I can't").

As for the conceptual area, the term 'learning disabilities' is replaced by 'learning difficulties' which promotes the idea that we all learn differently and our minds are unique. This crystallizes in the English and the Spanish title of the program: Unique Minds/Mentes Únicas.

Content. Most activities were adopted from the original Unique Minds program. The participants' engagement and responses to them were continuously monitored by the observers as well as the facilitators and discussed in post-session reviews. Some new activities were developed for children, for example asking them to write down and draw what makes them unique. Likewise, new information was provided for parents, for instance about how to enhance their children's reading skills.

It is important to use role models which are familiar to participants and congruent with their experiences. Unique Minds includes a video in which a famous American actor tells of overcoming his difficulties at school. In *Mentes Únicas*, instead of dubbing or subtitling the video, a new video was made. This presents three Spanish adults with learning disabilities but the essence of the original message remains: "I had problems, but I succeeded using different problem-solving skills and I have finally found what I want to do in life".

Methods and Materials. Adaptations were made to the methods used to present the materials for children and parents to work with. In *Mentes Únicas*, children and parents do many activities. So that they have all the necessary materials in one place, activity books were created. The aim was to increase the families' sense of ownership of the program and to help them follow the sequence of activities. The activity books include information that needs to be remembered from the previous session or that will be worked on in the next, together with the follow-up tasks they were asked to do at home, alone or together. These materials were developed by the second author and discussed and agreed with the first author. These activity books were called "*manuales*" and tasks were described as 'experiments' or 'detective-work' rather than 'homework', which was likely to have a negative connotation for children with school problems.

Mode of delivery. Unique Minds is delivered in eight 90-minute weekly sessions, but out of consideration for the demands on the family's resources for travelling and attendance, *Mentes Únicas* was contracted to seven sessions, of the same length. Sessions 5-7 of Unique Minds concern problem-solving and we considered that their content and activities could be covered in two. In both versions, the first and second sessions center on learning difficulties and mental processes (perception, attention, memory) and the necessity that mental processes coordinate. The third session concerns multiple intelligences: family members are encouraged to identify their many intelligences, reframing the scholastic approach to intelligence that is based solely on test-scores, literacy and math proficiency. The fourth session is about powerful thoughts, and it is here that the characters of *Nopuedosaurio* and *Mecrispa* are introduced. Children identify their strengths to fight *Nopuedosaurio*, and parents share their knowledge of how to defeat *Mecrispa*. The fifth and sixth sessions (sessions 5 to 7 in Unique Minds) are about problem-solving, featuring problem solving creatures such as the Wise Owl and the Quick Squirrel.

The seventh and last session concerns family-school collaboration (session 8 in Unique Minds). In this, parents and children identify what already works at school and what needs to be changed and how. For reasons of confidentiality, we do not discuss individual children's participation and response to the program with their teachers and the schools. However, as part of the cultural adaptation process we held meetings with the children's teachers after the completion of each group, asking for their feedback on the impact of the program. Also, the senior staff of each participating school received a confidential report of the overall results of the program.

Context. Participants in the program belonged to the majority population in Spain. The children all attended schools within the same education system and shared similar experiences in dealing with teachers, as became evident in the sessions. Unique

Minds addresses family-school relationship in one session and suggests contacting and informing schools mainly at the beginning. This approach was followed in *Mentes Únicas*. School principals and psychologists were contacted at the beginning and teachers were contacted at the end of the program. In addition, with the parents' agreement, a confidential report was sent to school principal. As discussed below, we subsequently became aware of the limitations in our approach and realized that we needed actively to engage teachers and schools from the start of the program.

Relationship between families and therapists. Bernal et al. (2009) mention as another aspect of cultural adaptation the relationship between families and therapists. At the end of the program certificates are given to parents and children, and each child receives a present, a book with few words of encouragement and support from the two group leaders. Present-giving is culturally appropriate in Spain and is also congruent with the role we adopted as group facilitators rather than as family therapists.

We carefully monitored the parents' and children's responses to the group process and their relationships with the facilitators using a measure of therapeutic alliance, described below.

In summary, the cultural adaptation of *Unique Minds* was much more than a simple translation of the original materials. It involved the translation of concepts like 'learning difficulties' and 'unique minds' as well as the adaptation of characters, language, metaphors, content, mode of delivery and methods, while the core therapeutic basis and approaches to intervention remained. The challenge was to keep a balance between the original program and an enhanced and adapted Spanish version.

Evaluation materials and instruments.

The materials used in the evaluation were chosen or developed for their cultural and linguistic relevance. Thus we used validated instruments which have been standardized for Spanish children of the same age as our participants and also for the parents and the teachers, along with ad-hoc feedback measures described below.

Children's measures.

Behavior Assessment System for Children (BASC). The children's socio-emotional status was assessed by the Spanish version of the BASC (González, Fernández, Pérez & Santamaría, 2004). We used the children's self-report and the teachers' report measures, both of which have been standardized for Spanish children. The former has 145 items evaluating: school maladjustment, clinical maladjustment, personal adaptation and other problems (depression, feeling unable and social stress). The BASC is a commercial product and the company undertakes an analysis of raw questionnaire scores, returning standardized reports to the user. Consequently, we are unable to report scale reliabilities for the current study and rely on the developers' own reports (González et al. 2004). Standardized sub-scale reliabilities (Cronbach's α) for the participant children's age are given as .81 for negative attitude toward school, .71 for negative attitude toward teachers, .81 for anxiety, .79 for atypicality, .77 for locus of control, .56 for relations with parents, .83 for interpersonal relations, .75 for self-esteem, .62 for self-confidence, .83 for depression, .72 for feeling unable and .72 for social stress. According to Graham, Naglieri & Weiner (2003), Cronbach's α of .60 or higher can be acceptable. Considering also Groth-Marnat's (2009) observation that "...unstable aspects of the person like anxiety produce lower reliabilities than stable ones" (p. 15), reliabilities of .60 and above are judged satisfactory in this study.

The 149-item teacher's report evaluates: externalization, internalization, school problems, other problems (atypicality and withdrawal), adaptation skills (adaptability, leadership and social skills) and study skills. The developers report age-standardized reliabilities as .95 for externalization, .85 for internalization, .94 for school problems,

.79 for atypicality, .71 for withdrawal, .68 for adaptability, .80 for leadership, .87 for social skills and .89 for study skills (González et al., 2004). All are acceptable following Graham et al (2003).

“Cuestionario final de los niños” (CFN). We developed the children’s post-test questionnaire to assess the perceived usefulness of the program, asking “How do you see yourself as compared to when we started *Mentes Únicas*?” Options were: “worse”, “the same” or “better”.

“Cuestionario final de los profesores” (CFP). The teachers’ post-test questionnaire requested a rating of improvements in a child using a 5-point Likert-type scale ranging from “nothing” to “a lot”. They also had to choose between: “Do you see improvements now”, “They will be seen at the end of the academic year”, “Next year” or “They won’t be seen”.

Family Measures.

Family Environment Scale (FES). The FES evaluates the social climate in a family. It has 90 true-false items. According to the authors who standardized the instrument in the Spanish population (Fernández-Ballesteros & Sierra, 2000), the Kuder-Richardson reliability index is .78 for cohesion, .69 for expressiveness, .75 for conflict, .61 for independence, .64 for achievement orientation, .67 for active recreational orientation, .76 for organization, .67 for control and .78 for moral-religious orientation and for intellectual-cultural orientation (Fernández-Ballesteros & Sierra, 2000). These are all acceptable.

“Cuestionario inicial de la familia” (CIF). We developed this family pre-test questionnaire to collect socio-demographic information and to evaluate the parents’ social supports and emotional responses to their children’s situation. Social support is explored by asking: “Who can you count on when it comes to your child’s school problems: his/her teacher, support teachers, other school staff, other professionals outside the school, your family or others?” Emotions are explored by asking mothers to rate how worried and how blamed they feel for their child’s situation using Likert-type scales with anchors 0 (nothing) to 4 (a lot).

Family Conflict. The following items of the O’Leary-Porter Scale (OPS, Porter & O’Leary, 1980) are included in CIF: frequency of conflict about discipline, quarreling in loud voice, fighting in front of the child and frequency of displays of affection. Questions about the frequency of agreements and children’s school problems are added. ‘Constructive conflict and affection’ was calculated by summing affection displays and agreements divided by two. Destructive conflict was calculated by summing conflict about school, about discipline, quarreling and fighting divided by four (Cummings & Davies, 2010). Cronbach’s alpha pre- and post-test for the constructive conflict measure was .79 and .76 respectively and .80 for destructive conflict pre and post-test.

Questions about the frequency of fights concerning school homework, money, one of their children, family relationships, holidays, work, the school, relationship with teachers, and sibling relationships or other issues are all included in CIF. Mothers ranked these conflict topics from 10 (very often) to 1 (less often). Family conflict topics were collected at pre-test only because family social climate was already evaluated with FES pre and post-test.

“Cuestionario final de la familia” (CFF). The parents’ post-test questionnaire (CFF) replicated the CIF adding a question about the usefulness of the program for their children, using the same formulation as the CFN.

Acceptability.

In order to assess family members’ experience of the program, an instrument based on the therapeutic alliance construct was employed (Friedlander, Escudero &

Heatherington, 2006). At the end of each session, mothers and children completed a brief, four-item questionnaire ("Instrumento de evaluación del proceso", IEP) in which they rated their participation in the session, security, common understanding and how helped they felt, for example: "I have felt safe to express my feelings and thoughts". The IEP uses a Likert-type scale ranging from "not at all" (1) to "a lot" (5). Cronbach's alpha for children and mothers respectively was .80 and .82 for participation, .76 and .90 for security, .70 and .86 for common understanding and .63 and .95 for feeling helped. All are acceptable.

CFN and CFF also asked participants to rate the fulfillment of their expectations of the program using a Likert-type scale: anchors "nothing" (0) to "a lot" (4). Finally, mothers were asked whether the program should "last less time", "more time" or if it was "OK like this".

Procedure

The feasibility of the program was evaluated over three years with three different groups of children and their parents. Two schools were contacted and the head teachers agreed that families be approached in the first instance by the school's psychology service which identified children eligible to participate according to the following inclusion criteria. Eligible children had a LD diagnosed by either the school staff or other professionals and were in grades 4 to 6. Those grades were chosen because most children at these ages have been diagnosed and have had experience dealing with their difficulties. Also, according to Stern (1999), it is at these ages that children most need to build their sense of self-worth. No indication about family structure was included as a requirement for recruitment. The children did not have any associated difficulty.

Once parents had accepted the invitation, all participants (families and children together) were briefed by the researchers on the aims of the program and its requirements. The Institutional Review Board of the researchers' university faculty approved the procedures.

The first meeting with each group occurred at the children's schools. The program was explained, questions were answered and a welcome letter given. Parents signed informed consent forms and the children assented. All participants and the two group leaders signed confidentiality agreements. Only one of the families that had expressed an interest failed to attend the first meeting and did not come to the sessions.

Pre-test evaluations of parents (FES and CIF) and children (BASC) were carried out during the first meeting. After this meeting, teachers were given their instruments (BASC) and a thank-you note with a contact address. The teachers did not attend either the first meeting with parents and children or the following sessions.

All subsequent sessions with children and their families took place at a university facility with one-way mirror. Observers (who also signed confidentiality agreements) took summary notes for discussion with the group leaders.

All sessions were led jointly by the first and second authors. The session format was as follows: a brief summary of the previous meeting; discussion of any concerns and comments; the topic of the week; tasks for the next session; a summary and completion of the process evaluation (IEP). In the last session, parents and children answered the post-test questionnaires (FES and CFF for parents and BASC and CFN for children).

Teacher questionnaires were sent following the final session (CFP and BASC). A discussion between the teachers and the group leaders was organized at the children's schools to share their opinions about the students' response to the program.

Results

This study only has data on very few subjects and no control group and thus any conclusions must be preliminary. Data were analyzed using SPSS 22.0. Pre- and post-test means of the standardized scores in each of BASC and FES subscales were compared using paired sample t-tests. Alpha was set at .05.

Effect size was estimated following Durlak's (2009) recommendations for a one group pre-post design, as used here, the pre-group mean being subtracted from the post mean and divided by the SD at pre-test to derive an adjusted ES. We also calculated Cohen's U3 improvement index in order to estimate clinical significance. This method converts an effect into a percentile gain. For example, an improvement index of .62 means that the average participant is 12 (62-50) percentiles higher in the post-test compared to the pre-test while an improvement index of .27 means that the average participant is 23 percentiles (50-27) lower in the post-test.

To measure the acceptability of the program (IEP), the mean rating in each scale item was calculated based on the number of sessions attended. Six children and their mothers attended all the sessions. Five missed one session and two children and mothers missed two and three sessions respectively. In other words, nearly three-quarters of the mothers and children attended all the sessions or missed just one.

Socio-emotional Development of the Children

The impact evaluation for the feasibility study analyzed the children's socio-emotional development pre and post their participation in the program. We report the children's scores first, followed by the mothers' and the teachers' scores.

The children's lowest means of standardized values were for interpersonal relationships, self-confidence, personal adjustment and self-esteem. The highest scores were for a sense of 'being unable' and social stress (Table 1). There were statistically significant pre-post decreases in the expected direction with lower scores for atypicality, social stress, anxiety, depression, sense of being unable, and locus of control (which became more internal). Examination of the effect sizes indicate that these all represent a 'moderate' improvement, confirmed by the improvement index. There was an unexpected statistically significant increase in children's negative attitudes toward school, although the effect size and improvement index suggested that this was 'small'. Similarly, small effect sizes and small improvement index estimates were seen for the dimensions of personal adjustment and school maladjustment, although they were moderate for clinical imbalance.

Children's own perceptions, (CFN), revealed that at the end of the program almost all (thirteen) children saw themselves in a more positive manner. The other two children remained the same. The mothers generally concurred, rating twelve of the fifteen children as improved on the CFF.

Teachers' pre-test mean values of the standardized scores (BASC) indicated that the children's highest ratings were for school problems, learning problems and attention problems (the main eligibility criteria for the program) with the lowest in adaptability. The values in the other subscales were average in relation to scale norms.

There were no statistically significant pre-post differences in teachers' ratings on any of the BASC subscales. At the end of the program, children were still rated high in learning problems, school problems and attention problems and their adaptability remained low. Analyses of the CFP revealed that the teachers believed seven of the 15 children had improved, six would "never improve" and two would need another year for any changes to be seen. During the follow-up meeting with the group leaders, the teachers mentioned that participating children were more confident and assertive than before.

Family Climate and Mother's Socio-emotional State

Pre-test evaluations of the family climate using the FES' subscales indicated that mothers' mean standardized values were in the average range (between 41 and 59). There were no statistically significant pre-posttest differences in the standardized scores in each of the FES subscales, constructive and destructive family conflict, and ratings in CIF and CFF regarding feeling worried or blamed or in the mothers' sources of social support.

Acceptability of the Program

IEP ratings of the acceptability of the program indicated that both mothers and children thought that the program was "helpful", and they felt understood in a safe environment in all of the sessions. There were no statistically significant differences between mothers and children in these items. On the five point scale, the children's mean total score for the seven sessions was 4.48 for "feeling secure" ($SD = 0.3$), 4.63 for "feeling understood" ($SD = 0.44$) and 4.66 for "feeling helped" ($SD = 0.58$). Mothers' corresponding scores were 4.55 ($SD = 0.44$), 4.46 ($SD = 0.47$) and 4.14 ($SD = 1.24$) respectively. However, the children gave themselves significantly higher ratings for their participation compared to their mothers' ratings (children's $M = 4.13$, $SD = 0.79$ v. mothers' $M = 3.17$, $SD = 0.68$, $t(27) = 3.46$, $p = .002$). The mean rating of the mothers' fulfillment of expectations was 3.3 ($SD = 0.48$) and for the children 3.4 ($SD = 1.12$), four being the highest value. The difference was not statistically significant. Seven of the mothers thought that the program should last longer while eight thought that there were sufficient sessions.

Discussion

This exploratory feasibility study is a first step in adapting Unique Minds with families and children living in Spain. *Mentes Únicas* seemed to address children's socio-emotional needs relevant to motivation and endurance and mothers and children alike had their expectations of the multi-family group fulfilled, feeling able to participate, secure, understood and helped along the sessions.

The impact assessment showed promising results from the children's own perspectives. Social stress and anxiety decreased significantly, which was encouraging because these unpleasant emotional states affect children's behavioral engagement at school (Linnenbrick, 2007). Additionally, the statistically significant decreases in atypical behaviors and the clinical imbalance subscales suggest an improvement in overall emotional well-being. The improvements in locus of control and reduced feeling of being "unable" also indicated that the program successfully targeted variables that often affect children with LD (Núñez, González-Pumariega & González-Pienda, 1995).

Considering the feedback questionnaires, most of the children thought that they had improved and most of the mothers agreed. However, the teachers did not see the change the children and mothers experienced and predicted that six of the children would never improve. This is concerning because of the important role that teachers' expectations play in children's development (Eccles, 2004). It could be that the teachers' perspective was associated with these children's more negative attitudes to school. This should be understood systemically: the children's negative attitudes may be both a result and a cause of the teachers' attitudes. This pilot study begins to indicate the program impacts on children's and mothers' experience and report but it did not impact on teacher's viewpoint. On reflection, we consider that we gave insufficient attention to the dimension of context in Bernal's model. In particular, the disappointing findings concerning the teachers' attitudes convinced us that working with the teachers is an essential part of improving the program. In order to improve the intervention and address this deficiency, the new version of the program has increased contact with

teachers through letters, meetings and an invitation to participate in session four and in the additional eighth session to enhance school-family collaboration. Also, in order to pay more attention to school context, a new program for teachers for use in class with students both with and without LD has been developed. This may be used simultaneously with *Mentes Únicas*. The sequence of the sessions and the core content of the teachers' program and the new multiple family program are the same. The teachers' version has already been applied by 22 teachers, and the process was highly valued (Authors, 2011). The new multiple family *Mentes Únicas* is ready to be tested with more families and children.

Children with school difficulties may be exposed to higher levels of family conflict (Montiel-Nava, Montiel-Barbero & Peña, 2005). We did not compare participating families with families of children without LD. The standardized measures of family conflict were within the normal range, although conflicts did happen and had to do with children's problems and school activities. As constructive conflict occurred more frequently than negative conflict, it could be that even when problems with the child or the school occur, the families in this program approached them in a positive manner. From the FES results, it appears that these were relatively well-adjusted families with an interest in cultural activities, average organization and appropriate control, in other words, good conditions to support children directly and indirectly (Rogers et al, 2009). Similarly, the children's scores in relationships with parents (BASC-self report), were also average, reinforcing the view of the participating families as 'adjusted'. Perhaps the generally satisfactory climate in these families is a reason why these parents decided to participate in the program while other families decided against. According to Wong, Roubinov, Gonzales, Dumka and Mill (2013), a lower inter-parental conflict was one of the predictive variables of fathers' participation in family intervention programs.

In summary, although the program was conceived from a family systems' theoretical perspective, its effect was on the children rather than the mothers' socio-emotional state or the family environment. Further, it had little impact on the teachers, suggesting that they were insufficiently involved in the program. These findings are promising at this stage, but more research is needed before any claims can be made about the impact of the program.

Limitations

This feasibility study had several limitations. The sample size was small and it may have been insufficient to identify clinically or statistically significant effects. The uncontrolled pre-post design means that observed changes cannot be attributed unequivocally to the intervention.

Clinical Implications

The account presented here of the adaptation of *Unique Minds* may be of help to clinicians wishing to use materials and programs in a different country or culture. Cultural adaptation models provide a useful guide emphasizing that the cross-cultural application of therapy models involves more than literal translation.

It is also worth noting that the children were very positive about the program, even more so than their parents. Some family therapists appear reluctant to use structured exercises and work books in their practice, yet these methods, because they are used in school, are more familiar to children than just talking about problems, as adults expect to do.

The feasibility study suggests that this adapted multi-family group program may be considered a promising 'work in progress' and a potentially cost-effective intervention worthy of further clinical implementation and development as well as a

follow-up study. In particular, clinicians may wish to note the implication that programs such as this should engage the school system (teachers) as well as parents in helping children with LD. Finally, even though Unique Minds has been adapted to Spanish spoken in Spain it could be tested in other Spanish speaking countries or Latino communities.

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Table 1.
Differences in children's pre-post BASC-self subscale scores

BASC-self Subscales	Pre- test	Post- test					Effect size estimates	
	Mean (SD)	Mean (SD)	df	t			Adjusted ES	Improvement index
Negative attitude toward school	55.60 (13.14)	59.68 (14.50)	14	-2.41*			0.31	0.62
Negative attitude toward teachers	57.47 (12.77)	58.33 (16.33)	14	-0.32			0.06	0.52
Atypicality	60.27 (12.02)	53.93 (11.85)	14	2.79**			-0.52	0.30
Locus of control	59.60 (12.63)	53.07 (11.87)	14	4.12**			-0.51	0.30
Social stress	65.60 (15.47)	56.27 (14.37)	14	4.27**			-0.60	0.27
Anxiety	57.87 (11.84)	51.00 (10.81)	14	3.48**			-0.58	0.28
Depression	61.87 (14.52)	56.40 (15.63)	14	3.12**			-0.37	0.35
Feeling unable	67.64 (14.47)	58.93 (15.25)	13	3.56**			-0.60	0.27
Interpersonal relationships	35.93 (20.61)	38.33 (19.62)	14	-0.98			0.11	0.54
Relationships with parents	42 (17.20)	45.20 (15.17)	14	-0.98			0.18	0.57
Self-esteem	40.80 (19.51)	45.53 (16.04)	14	-1.85			0.24	0.59
Self-confidence	36.79 (19.71)	41.00 (12.99)	13	-1.22			0.21	0.58
Clinical imbalance	61.53 (12.34)	53.67 (12.25)	14	5.59**			-0.63	0.26
School maladjustment	57.33 (13.94)	60.07 (15.84)	14	-1.54			0.19	0.57
Personal adjustment	37.93 (19.22)	42.00 (15.57)	13	-1.58			0.21	0.58

Note. * $p < .05$, ** $p < .01$

In "Locus of control" the lower the value, the more internal the locus of control